

1638

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Maricopa</u>		State <u>ARIZONA</u>		State File No. <u>108</u>	
Township <u>Moronei</u>		City <u>Moronei</u>		or Village		Registered No. <u>7</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				Ward			
Length of residence in city or town where death occurred				How long in U. S. if of foreign birth?			
2. FULL NAME <u>Alvin Lee Campbell</u>				How long in State when death occurred? <u>11</u> yrs. <u>1</u> mos. <u>2</u> ds.			
(a) Residence: No. <u>Moronei</u>				Str. Ward. (If non-resident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>single</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>8/16/1922</u>							
7. AGE		Years <u>11</u>	Months <u>7</u>	Days <u>2</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION							
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School boy</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) (state or country) <u>Sheldon, Ariz.</u>							
13. NAME <u>Albert N. Campbell</u>							
14. BIRTHPLACE (city or town) (State or country) <u>Arizona</u>							
15. MAIDEN NAME <u>Margie R. White</u>							
16. BIRTHPLACE (city or town) (State or country) <u>New Mexico</u>							
17. INFORMANT (Address) <u>A. N. Campbell</u>							
18. BURIAL, CREMATION, OR REMOVAL <u>Sheldon, Ariz.</u> Date <u>8-20</u> 19 <u>34</u>							
19. UNDERTAKER (Address) <u>New Friends</u>							
20. Filed <u>3-20</u> 19 <u>34</u> <u>D. H. Houston</u> Registrar							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>3/19</u> , 19 <u>34</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>on 3/19</u> , 19 <u>34</u>							
I last saw him alive on <u>3/19</u> , 19 <u>34</u> , death is said to have occurred on the date stated above, at <u>5 p.m.</u>							
The principal cause of death and related causes of importance were as follows: <u>Inflammatory edema of larynx</u> Date of Onset <u>3/18/34</u>							
Other contributory causes of importance:							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury							
Where did injury occur? (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify (Signed) <u>Alvin Lee</u> M. D. (Address) <u>Moronei - Arizona</u>							